

AFFORDABLE HOUSING PROGRAM
LEASE UP/COMPLIANCE REPORT

Part A – COMPLIANCE REPORT SUMMARY

Date: _____

Period: ____/____ to ____/____
mo. yr. mo. yr.

Property Name: _____

Street Address: _____

City, State, Zip: _____

Owner: _____ Phone: _____

Manager/Contact: _____ Phone: _____

Use the area below to bring totals forward from page two.

PROPERTY SUMMARY									
Total Number of Units _____									
Unit Designation		Ethnicity		Head of Household		Disabled		Vacant	
<30%		Black		Female		Yes		Occupied	
<50%		Hispanic		Male		No		Vacant	
<60%		White							
<80%		Asian							
>80%		Native American							
		Other							
Grand Totals									

I/We (owner) relied in good faith upon information supplied by the occupants and verified the information provided. I/We certify that data presented in this report is accurate to the best of our knowledge.

Signature (Preparer)

Signature (Managing Owner)

Date

Reporting Period _____ through _____

Property Address: _____

List each unit in the property separately

[illegible]